



Toward Elimination

Newsletter for State Partners in HAI Prevention

Volume 17, June 2011

Partnership for Patients HHS Initiative to Reduce Harm Associated with Healthcare



On May 26, 2011, CDC and CMS held a joint conference call with the HAI coordinators and other state health department staff to discuss the Partnership for Patients, the HHS initiative to reduce harm associated with healthcare. This important initiative has two main goals to accomplish by the end of 2013: to reduce harm associated with healthcare by 40%, and to reduce the number of hospital readmissions by 20%.

“State health departments are a critical component in the prevention of HAIs. The Partnership for Patients is an exciting opportunity to expand upon the work being done in the states, and to further the impact of these important state programs.”

Dr. Arjun Srinivasan, CDC Associate Director for Healthcare-associated Infection Prevention Programs

The initiative is a public-private partnership that includes healthcare professionals, healthcare facilities, payors, consumers and public health. Four of the nine key harms targeted for reductions are types of healthcare associated infections.

The Partnership for Patients is an exciting opportunity for states to build on the existing efforts to prevent healthcare associated infections in order to further public health efforts to improve patient safety. State health departments were invited to formally join the initiative and to extend an invitation to other state health agencies whose work is relevant to partnership prevention targets including prevention of healthcare-associated infections, inpatient injuries, venous thromboembolism, stroke, and medication safety.

Resources to assist states in participating in the Partnership for Patients are available at <http://www.healthcare.gov/center/programs/partnership/index.html>. Here, patients, providers, and healthcare organizations can sign the pledge to participate; a new pledge for healthcare partners is coming soon. The website also provides a complete list of committed partners in the initiative.

In closing, CDC’s Dr. Arjun Srinivasan encouraged state representatives to contact their PHA with any additional questions or comments as they learn more about the Partnership for Patients.

The following resources are (or will soon be) posted on the Epi-X HAI forum:

- Fact Sheet “Partnership for Patients: Better Care, Lower Costs”
- Complete listing of organizations that have signed the pledge, by state as of 5/31/11
- PowerPoint slides that can be used to present information about the Partnership for Patients (coming soon)
- Information about upcoming webinars (coming soon)



Toward Elimination

Newsletter for State Partners in HAI Prevention

Volume 17, June 2011–p2

Norovirus Prevention

CDC and HICPAC Release New Prevention Guideline for Clinicians and Infection Preventionists

CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recently released a new guideline aimed at providing clinicians and infection control personnel with a step-by-step resource to assist them in preventing an outbreak of norovirus in their healthcare facilities.

This guideline reiterates the profound impact that simple techniques – such as implementing contact precautions – can have on the well-being of our patients. Other techniques include:

- Placing affected patients in a single-patient room if they have symptoms consistent with norovirus gastroenteritis
- Minimizing patient movements within a ward or unit during outbreaks and suspending group activities (such as dining events) for the duration of the outbreak
- Promoting proper hand hygiene
- Ensuring routine and effective environmental cleaning of frequently touched environmental surfaces and equipment in isolation, and cohorted and shared clinical areas

Norovirus is a common cause of gastroenteritis, inflammation of the stomach and small and large intestines, that can include symptoms such as diarrhea, vomiting, and stomach pain. Approximately 21 million illnesses caused by norovirus are estimated to occur each year in the United States. Although, norovirus can strike any age group, the elderly and hospitalized patients who are immune compromised are particularly vulnerable to this infection. CDC has investigated numerous outbreaks of norovirus in hospitals and in long-term care facilities. Norovirus infection may result in prolonged hospital stays, cause other medical complications, and, in rare cases, can result in death. Unfortunately, there is no vaccine or specific medical treatment available for norovirus infection, making preventing the spread of these infections in healthcare facilities so critical.

CDC epidemiologist, Taranisia MacCannell, PhD, MSc, discusses the new guideline in a video commentary on Medscape. To review the complete guideline, and for more information on how you can help prevent and control healthcare-associated infections, please visit CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC) site.

CLABSI Data Submission Deadline August 15, 2011

Central line-associated bloodstream infection (CLABSI) data for January, February and March 2011 (first quarter 2011) must be submitted to and accepted by NHSN by August 15, 2011.

This requirement was established for facilities electing to participate in the CMS HAI IPPS Hospital Inpatient Quality Reporting Program, formerly known as Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU). As part of the program, CLABSI data from each facility's adult and pediatric intensive care units and neonatal intensive care units will be reported to NHSN and shared with CMS. Each facility's data will be also be included in CMS' Hospital Compare tool which publicly reports hospital performance in a consistent and unified manner.

This new partnership with CMS is step toward greater transparency of HAI data, and also toward stronger accountability within the U.S. healthcare system. It also highlights the importance of strong facility-level support for infection prevention programs and professionals.

For more information on the 2011 CMS IPPS rule, visit the NHSN Training and Enrollment Requirements for the Hospital Inpatient Quality Reporting Program.

ELC/EIP Grantee Calls

Prevention-specific Topic: Antimicrobial Stewardship
Tuesday, June 21, 1-2 PM ET

CDI Infection-specific Call
Tuesday, June 28, 1-2 PM ET

Your PHAs will send the bridge line, password, and Webinar URL information for these calls.



Toward Elimination

Newsletter for State Partners in HAI Prevention

Volume 17, June 2011–p3

HAI Train-the-Trainer Program: Region II



The second of ten regional Healthcare-associated Infection (HAI) Train-the-Trainer sessions was held in Albany, New York from April 28–30, 2011. Region II participants from New York and New Jersey and one Region I participant from Vermont attended this interactive and successful three-day training.

Current HAI topics were presented by local experts, followed by case-scenario discussions between state

representatives. In addition, Michael Klompas, MD, MPH of the Harvard Medical School and Harvard Pilgrim Health Care Institute presented and led a discuss on Ventilator-associated Pneumonia (VAP). He also shared two additional papers for your information: [Ventilator-associated complications](#) and [Ventilator-associated Pneumonia prevention](#). These papers are available on the Epi-X HAI Forum.

Thank you to participants from Region I and Region II for their assistance in the ongoing development of the training program. Participant feedback obtained from the Region I training was incorporated into the curriculum, and now includes the topics of environmental cleaning and non-acute settings such as ambulatory and long-term care.

We encourage you to continue visiting the Epi-X HAI Forum for updates on the training schedule, photos of past trainings, and participant reports of training implementation.

The next regional training will be held in Baltimore, Maryland from June 2–4, 2011. We look forward to seeing Region III representatives there, and are pleased to report that we will be joined by the Region III HHS Regional Health Administrator (RHA), Dalton G. Paxman, Ph.D.



Reminder: HAI Data Analysis Workshop at the Upcoming CSTE Conference

DHQP will be presenting a workshop at the 2011 [Council of State and Territorial Epidemiologists \(CSTE\) Annual Conference](#) from 1:00–5:00PM on Sunday, June 12, 2011 in Pittsburgh, PA.

The workshop, “Analysis of Healthcare-associated Infection Data from the CDC National Healthcare Safety Network (NHSN),” will focus on analysis of NHSN HAI surveillance data from the state health department’s program perspective.

More details can be found on the [CSTE Conference Sunday Sessions](#) website. You can register for the Sunday workshop on the [CSTE Conference Registration](#) page.

Save the Date

Third Annual Recovery Act HAI Grantee Meeting

Atlanta, GA
October 20-21, 2011

State HAI Reports: Share your successes

Please send your state’s HAI public reports to your PHA and we will include them on the [HAI Prevention Activities State Map](#). Contact your PHA for details.



HAI Coordinator Highlight

In their own words

Volume 17, June 2011–p4

Wisconsin State HAI Coordinator—Lois Sater

What a difference a year has made for the Wisconsin HAI Prevention Project! As a voluntary HAI reporting state, we were pleasantly surprised by the overwhelming interest (more than 100 inquiries from our 129 hospitals) we received from hospitals in our four selected projects:

- Methicillin-resistant *Staphylococcus aureus* (MRSA) collaborative
- Central line-associated bloodstream infections (CLABSI) collaborative
- Surgical site infections (SSI) following hip and knee arthroplasty collaborative
- National Healthcare Safety Network (NHSN) enrollment

The commitment from hospitals has enabled us to exceed enrollment goals for all projects and increase statewide NHSN participation from 24 hospitals in February 2010 to 94 in April 2011, with more in the process of training and enrolling.

Our partnerships with the Wisconsin Hospital Association and MetaStar, the Wisconsin QIO, allowed us to focus on data collection and surveillance while they led the collaborative activities. Some of our accomplishments to date include:

- Forming a multidisciplinary advisory committee and creating a Wisconsin HAI Prevention Plan.
- Developing consumer and healthcare professional HAI [web pages](#).
- Communicating regularly with the hospitals through quarterly newsletters; listservs for NHSN users, infection preventionists, and those interested in positive deviance; storyboards for use at statewide conferences; and regular articles in partner organization newsletters.
- Conducting in-person NHSN training sessions around the state to view CDC training modules and hold group question and answer sessions.
- Managing one-on-one NHSN support for hospitals statewide via on-site visits, telephone calls and emails and developing [tools](#) such as checklists and screenshot guides for more efficient NHSN use.
- Researching and writing a [business case](#) for the use of NHSN.
- Developing [infection surveillance worksheets](#) for IPs to use when classifying one of the “Big Four” infections.
- Creating 21 [NHSN online tutorials](#) to help get “just in time” answers to functionality questions.
- Engaging MPH and medical students to intern with the project, working on NHSN data validation, a survey of [physician hand hygiene practices](#), and collecting data on *C. difficile* prevention and control practices in Wisconsin hospitals.
- Expanding the project to ambulatory surgery centers (ASC) under the leadership of a CDC Public Health Prevention Specialist. To date, an advisory group has been established, a needs assessment developed, and on-site visits made to learn more about the specific infection control needs of ASCs.
- Adapting a data validation tool from other states and validating 17 hospitals so far, with focuses on CLABSI and MRSA. We have just contracted for a data validation specialist to continue this work through the end of the year.
- Sponsoring a positive deviance workshop for more than 200 hospital attendees.

This has been a true team effort and we are indebted to our hospital partners, partner organizations, and advisory committee members for the accomplishments thus far and those still to come.

— Lois Sater was recently appointed the Interim Director of the Wisconsin Hospital Emergency Preparedness Program. We thank her for her many significant contributions to the project over the past 15 months and for her continued support in the efforts to eliminate HAIs in Wisconsin. *Gwen Borlaug, Wisconsin Infection Control Epidemiologist*

